

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-805-667**  
APPLICANT(S)

FILING DATE **03-18-04**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12	1					
13	1					
14	1					
15		3				
16		3				
17		3				
18		3				
19		3				
20	1					
21	1					
22	1					
23		1				
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25		1				
26	1					
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29		1				
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31		1				
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33		1				
34	1					
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41	1					
42		1				
43		1				
44	1					
45		1				
46		1				
47	1					
48		1				
49		1				
50	1					
TOTAL IND.	1		1		1	
TOTAL DEP.	21		21		21	
TOTAL CLAIMS	22		22		22	

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		1										
52	1											
53		1										
54	1											
55		1										
56	1											
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99												
100												
TOTAL IND.	21		21		21		21		21		21	
TOTAL DEP.	67		67		67		67		67		67	
TOTAL CLAIMS	88		88		88		88		88		88	